



**Massachusetts Department of Environmental Protection**  
**Bureau of Waste Prevention**  
**Manufacturer's Plan for Collecting & Recycling**  
**Mercury-Added Products**

**20**

Calendar Year

MassDEP Facility ID#

**Filing Deadline:** 310 CMR 75.04 requires manufacturers of mercury-added products to file collection and recycling plans with MassDEP by September 30, 2008, for all mercury-added products sold, offered for sale, or distributed in Massachusetts. Collection and recycling plans must be implemented no later than 45 days after filing.

## A. Facility Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name

Street Address

City/Town

State

Zip Code

Contact Person

Contact Telephone

Contact Email Address

**Mailing Address (if different)**

Street Address/P.O. Box

City/Town

State

Zip Code

## B. Applicability

**Please Note:**

Under 310 CMR 75.00, a "manufacturer" either makes a product to which mercury is intentionally added or imports such a product from a foreign company that does not have a U.S. presence.

1. Are you a manufacturer of a mercury-added product that is sold, offered for sale, or distributed in Massachusetts? [310 CMR 75.00]

☐ Yes\*

☐ No\*\*

\* If you answered **YES**, Skip to Section C and complete the rest of this form.

\*\* If you answered **NO**, complete only the rest of this section.

2. My business:

☐ Does not manufacture, distribute or offer any mercury-added products for sale in Massachusetts.

☐ Imports mercury-added products only from manufacturer(s) with a U.S. presence. (Provide manufacturer information below and on a separate sheet of paper, if necessary.)

Name of Mercury-Added Product Manufacturer

Address

City/Town

State

Zip Code

Telephone



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**B. Applicability** (continued)

2. My business:

- ☐ Manufactures, distributes or offers for sale mercury-added products that are exempt from the requirement to submit a Collection and Recycling Plan. (Identify exempt product(s) by checking the appropriate box(es) below.)
- |  |  |
|--|--|
| <input type="checkbox"/> Motor vehicles and mercury-added components in motor vehicles   | <input type="checkbox"/> Refurbished medical equipment   |
| <input type="checkbox"/> Mercury-added button cell batteries   | <input type="checkbox"/> Products containing one or more removable mercury-added button cell batteries but no other mercury                                  |
| <input type="checkbox"/> Products containing one or more mercury-added lamps but no other mercury  | <input type="checkbox"/> Mercury-added formulated products intended to be totally consumed in use (e.g. reagents, cosmetics, pharmaceuticals, lab chemicals) |
| <input type="checkbox"/> Products made with coal ash   | <input type="checkbox"/> Products that are incorporated into equipment used to manufacture semi-conductor devices  |
| <input type="checkbox"/> Elemental mercury in pre-capsulated form that is sold, distributed or provided to dental practitioners for use in compliance with MassDEP regulations concerning amalgam wastewater and recycling for dental facilities | <input type="checkbox"/> Mercury-added lamps for which a public education plan about the need to recycle spent bulbs has been filed with MassDEP.            |

Sign and complete the fields below, then return the first two pages of this form to MassDEP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Mail Pages 1 and 2 of this Form to:**

MassDEP Mercury Products Program  
One Winter Street, 6th Floor  
Boston, MA 02108

*Keep a copy of the completed form for your records.*



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**C. Collection & Recycling Plan(s) for Mercury-Added Product(s)**

1. Have you attached to this form a Collection and Recycling Plan for the mercury-added product(s) that your business sells, offers for sale or distributes in Massachusetts? [310 CMR 74.04 (1)(2)]

☐ Yes

My own Collection and Recycling Plan

☐ Yes

Collection and Recycling Plan to be implemented by an industry group or trade association on behalf of my company and other participants in the collection and recycling program. (Provide organization details below.)

Industry Group/Trade Association Name

Address

City/Town

State

Zip Code

Telephone

☐ Not Applicable

My business will no longer sell, offer to sell or distribute mercury-added products in Massachusetts as of September 30, 2008.

2. Please list all of your mercury-added products that are either covered under the attached Collection and Recycling Plan or will be phased out by September 30, 2008. Attach additional pages if necessary.

Product or Component Name	Company Product Model or Identification #	If a component, identify the name of the product(s) that the component is used in	Check if product or component is being phased out by September 30, 2008
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



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**C. Collection & Recycling Plan(s) for Mercury-Added Product(s)** (continued)

3. You must attach to this form a Collection and Recycling Plan (CRP) that includes each of the following elements. [310 CMR 75.04(6)]
- List of Products Covered in Collection and Recycling Plan
  - Currently Available Collection and Recycling Opportunities
  - Collection and Recycling System Design
  - Description of the Manufacturers' Collection and Recycling Plan Outreach
  - Finance of the Collection and Recycling Plan
  - Implementation Schedule for the Collection and Recycling Plan
  - Documentation of Commitment(s) to Perform
  - Measuring the Success of Your Collection and Recycling Plan
  - Remediating Underperforming Collection and Recycling Plans
  - Other Special Conditions (as applicable)
  - Phase out Plans (if applicable)

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**D. IMERC Notification**

1. Did you notify Interstate Mercury Education and Reduction Clearinghouse (IMERC) that you manufacture a mercury-added product?
- ☐ Yes      Date of Initial Notification: \_\_\_\_\_  
Date (MM/DD/YYYY)
- ☐ No      Submit Return to Compliance Plan
2. Is your IMERC notification up to date (e.g., have you recently filed or filed updates to keep current)?
- ☐ Yes      Date of Most Recent Notification: \_\_\_\_\_  
Date (MM/DD/YYYY)
- ☐ No      Submit Return to Compliance Plan

**Complete Certification Statement on Next Page →**



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**E. Certification Statement**

I attest under pains and penalties of perjury:

I. That I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;

II. That, based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;

III. That systems to maintain compliance are in place at the business and will be maintained even if processes or operating procedures are changed; and

IV. That I am fully authorized to make this attestation on behalf of this business.

I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for submitting false, inaccurate, incomplete or misleading information.

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YYYY)

**Source of Signatory Authority:**

If a Corporation:

☐ President

☐ Secretary

☐ Treasurer

☐ Vice President

☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

☐ General Partner

If a Sole Proprietorship:

☐ Proprietor

**KEEP A COPY OF THIS COMPLETED FORM AND THE RETURN TO COMPLIANCE FORM, IF REQUIRED, FOR YOUR FILES. MAIL THE ORIGINAL SIGNED FORM TO:**

MassDEP Mercury Products Program  
One Winter Street, 6th floor  
Boston, MA 02108